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2004 APR 26 P 12:47

SECRETARY OF STATE



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04/26/04 01024-005 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only

**KEESING & ASSOCIATES, INC
TAX AND FINANCIAL CONSULTANTS**

8031 SW 197th TERRACE

MIAMI, FL 33189

Tel: (305) 251-4883

Fax: (305) 251-1372

E-Mail: kcs@keesing.com

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2004 APR 26 P 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 17, 2004

Secretary of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Re: JP INSURANCE & FINANCIAL GROUP, LLC

Dear Sir or Madam:

Enclosed please find two copies of the Articles of Organization for the above referenced corporation, together with a check for \$125.00 to cover cost of filing same and the Designation of Registered Agent.

Please contact the undersigned if you have question on this matter.

Sincerely,



Keithson Chin-Sang

KCS/tg

Enclosures

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: JP INSURANCE & FINANCIAL GROUP, LLC
(Name of Limited Liability Company)

2004 APR 26 P 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIPPE J. THONY
(Name of Person)

JP INSURANCE & FINANCIAL GROUP, LLC
(Firm/Company)

803 RIDGE ROAD, SUITE 5
(Address)

LANTANA, FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITHSON CHIN-SANG at (305) 251-4883
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

2004 APR 26 P 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JP INSURANCE & FINANCIAL GROUP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

803 RIDGE ROAD, SUITE 5

LANTANA, FL 33462

Mailing Address:

803 RIDGE ROAD, SUITE 5

LANTANA, FL 33462

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PHILIPPE J. THONY

Name

803 RIDGE ROAD, SUITE 5

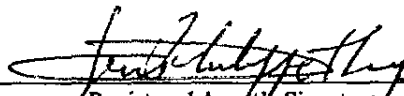
Florida street address (P.O. Box **NOT** acceptable)

LANTANA

FLORIDA 33462

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

PHILIPPE J. THONY

803 RIDGE ROAD, SUITE 5

LANTANA, FL 33462

MGRM

JEAN MAX ALAIN

26 B CROSSING CIRCLE

BOYNTON BEACH, FL 33435

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PHILIPPE J. THONY

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)